

# About Your VA Prosthetics Care and Service

Please read each question and completely fill in the circle for the one that best describes your experience with VA Prosthetic Care.

Please do this: ●

1. **Our records indicate that you had a recent contact with the VA regarding one of the prosthetic items listed below. Which one was it? (Please choose only one.)**

☐ Eyeglasses  
☐ Hearing aid  
☐ Blind aid  
☐ Wheelchair  
☐ Artificial limb

2. **Please think about the most recent contact that you had with the VA about a prosthetic item. A “contact” could be a telephone call, or a visit to a VA medical center, or a visit to your home by a VA staff person. What was the main reason for your most recent prosthetic-related contact with the VA? (Please choose only one.)**

☐ Get a new prosthetic item  
☐ Get a replacement prosthetic item  
☐ Get service or repair of item I already had  
☐ Get help for a problem that I was having using my prosthetic item  
☐ Other

**If you received a new or replacement prosthetic item after your recent contact with the VA, please answer Question 3 through Question 6. Otherwise, skip to Question 7.**

3. **How long did it take for you to receive your prosthetic item after you were told it was ordered?**

☐ 1-2 days  
☐ 3-5 days  
☐ 6-14 days  
☐ 15-30 days  
☐ More than 30 days  
☐ No item ordered

4. **What do you think is a reasonable amount of time to wait to receive such an item after you are told it has been ordered?**

☐ 1-2 days  
☐ 3-5 days  
☐ 6-14 days  
☐ 15-30 days  
☐ More than 30 days

5. **Did the prosthetic item help you meet the goal(s) set by you and your provider?**

☐ Yes, completely  
☐ Yes, somewhat  
☐ No  
☐ Did not set goals with my provider

6. **Overall, how would you rate the quality of this prosthetic item?**

☐ Poor  
☐ Fair  
☐ Good  
☐ Very Good  
☐ Excellent

**PLEASE OPEN**

## PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 24 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

## PRIVACY ACT STATEMENT

The information on this survey is requested by the VHA to assess veteran's perception of satisfaction with VA Healthcare. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b)). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

**The next questions should be answered if you had any problem with the prosthetic item identified in Question 1 during the past 12 months. If you did not have a problem, go to Question 13.**

- 7. Did you know who to contact for help with your prosthetic item problem?**
- ☐ Yes
  - ☐ No
  - ☐ Did not have a problem with my prosthetic item during the past 12 months
- 8. If you did contact someone about your prosthetics problem, how long did you wait for it to be taken care of?**
- ☐ Did not contact anyone
  - ☐ No wait for assistance
  - ☐ 1-2 days
  - ☐ 3-5 days
  - ☐ 6-14 days
  - ☐ 15-30 days
  - ☐ More than 30 days
  - ☐ Did not have a problem
- 9. How long is it reasonable to wait for a problem with your prosthetic item to be taken care of?**
- ☐ No wait
  - ☐ 1-2 days
  - ☐ 3-5 days
  - ☐ 6-14 days
  - ☐ 15-30 days
  - ☐ More than 30 days
- 10. If there was any time in the past 12 months when you needed help or advice right away regarding your prosthetic item, how long did it take to get the help you needed?**
- ☐ No wait
  - ☐ Within 1 hour
  - ☐ Greater than 1 hour, but less than 24 hours
  - ☐ Greater than 24 hours
  - ☐ Never got the help I needed
  - ☐ Didn't need help or advice right away during the past 12 months

- 11. If you tried to get help or advice right away regarding your prosthetic item in the past 12 months, do you think your problem should have been handled sooner?**

- ☐ Yes
- ☐ No
- ☐ Didn't try to get help or advice right away during the past 12 months

- 12. If you had a problem but did not seek assistance, please tell us why.  
(Choose all that apply):**

- ☐ Not applicable, I did not have a problem
- ☐ I could not live without my prosthetic for the time needed to get the repair
- ☐ Not enough money on my repair card
- ☐ Getting Prosthetic assistance from the VA has been difficult in the past
- ☐ I did not know who to call
- ☐ It was just a minor problem

**The next questions are about your most recent in person prosthetic-related visit to a VA facility.**

- 13. What one prosthetic item was the main focus of your most recent prosthetic visit with the VA?**

*(Please choose only one.)*

- ☐ Eyeglasses
- ☐ Hearing aid
- ☐ Blind aid
- ☐ Wheelchair
- ☐ Artificial limb
- ☐ Other

- 14. How long ago was that visit?**

- ☐ Within the past month
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-12 months ago
- ☐ More than a year ago

**PLEASE CONTINUE**

**15. What happened when you called to schedule an appointment? (Please choose all that apply.)**

- ☐ Not applicable, walk-in visit
- ☐ I did not make my appointment by phone
- ☐ I was taken care of promptly
- ☐ The phone rang many times before it was answered
- ☐ I talked to several different people before talking to the right person
- ☐ I left a message & no one called me back
- ☐ I was put on hold too long
- ☐ I got a busy signal
- ☐ I was disconnected
- ☐ None of the above

**16. Were you able to get this scheduled appointment as soon as you wanted?**

- ☐ Not applicable, walk-in visit
- ☐ Yes
- ☐ No

**17. How long did you wait from the day you scheduled your appointment until the day you were seen?**

- ☐ Not applicable, walk-in visit
- ☐ 1-14 days
- ☐ 15-30 days
- ☐ 31-60 days (1-2 months)
- ☐ 61-120 days (2-4 months)
- ☐ 121-180 days (5-6 months)
- ☐ More than 180 days (more than 6 months)

**18. How long do you think it is reasonable to wait for a scheduled appointment?**

- ☐ Not applicable, walk-in visit
- ☐ 1-14 days
- ☐ 15-30 days
- ☐ 31-60 days (1-2 months)
- ☐ 61-120 days (2-4 months)
- ☐ 121-180 days (5-6 months)
- ☐ More than 180 days (more than 6 months)

**19. How would you rate the courtesy of the person who made your scheduled appointment?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

**ARRIVAL AND REGISTRATION AT THE CLINIC**

**20. On the day of your scheduled appointment or walk-in visit, how long did you wait in line to check in?**

- ☐ No wait
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ More than 30 minutes

**21. If your visit was a scheduled appointment, how long after the time when it was supposed to begin did you wait to be seen?**

- ☐ Not applicable, walk-in visit
- ☐ No wait
- ☐ 1-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ 31-60 minutes
- ☐ More than 1 hour
- ☐ Can't remember

**22. How long is it reasonable to wait to be seen when you come for a scheduled appointment?**

- ☐ No wait
- ☐ 1-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ 31-60 minutes
- ☐ More than 1 hour

**23. If your visit was a walk-in, how long did you wait to be seen?**

- ☐ Not applicable, scheduled visit
- ☐ No wait
- ☐ 1-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ 31-60 minutes
- ☐ More than 1 hour
- ☐ Can't remember

**24. How long is it reasonable to wait to be seen for a walk-in visit?**

- ☐ No wait
- ☐ 1-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ 31-60 minutes
- ☐ More than 1 hour

**PLEASE CONTINUE**

### IN THE PROVIDER'S OFFICE

These next questions are about your experiences in the prosthetics provider's office during your last visit.

The word "provider" can refer to either clinical staff or Prosthetics administrative personnel who assisted you with your prosthetic item.

25. **What provider gave you most of your care or service during your last visit?** *(Please choose only one)*

- ☐ Medical doctor
- ☐ Nurse or Physician Assistant
- ☐ Audiologist
- ☐ Optometrist
- ☐ Prosthetist or Othotist
- ☐ Physical therapist or Occupational therapist
- ☐ Purchasing agent or Prosthetics clerk
- ☐ Other

26. **When you saw the provider, did he or she give you a chance to explain the reasons for your visit?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Provider already knew

27. **Did the provider listen to what you had to say?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Had nothing to discuss

28. **Were you involved in decisions about your prosthetic care as much as you wanted to be?**

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

29. **Were you involved in decisions about your prosthetic item as much as you wanted to be?**

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

30. **Was the provider willing to talk to your friends or family about your prosthetics care or item?**

- ☐ Yes
- ☐ No
- ☐ No family or friends involved

31. **Did the provider ask how your family or living situation might affect your prosthetics care or item?**

- ☐ Yes
- ☐ No
- ☐ Not necessary

32. **Did you have any concerns you wanted to discuss but did not?**

- ☐ Yes
- ☐ No

33. **If you and the provider did not talk about your concerns, was it because...***(Please choose all that apply)*

- ☐ You were embarrassed about bringing them up
- ☐ You didn't have time to bring them up
- ☐ You forgot to bring them up
- ☐ Your provider didn't have time to listen
- ☐ Your provider didn't ask about your concerns
- ☐ Too many interruptions / no privacy
- ☐ Did not have any concerns

34. **Did you have confidence and trust in the provider you saw?**

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

35. **Did you have trouble understanding the provider because of a language problem?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

36. **When you asked questions, did you get answers you could understand?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't ask any questions

PLEASE CONTINUE

**37. During your last visit, did someone teach you how to use your prosthetic item in a way that you could understand?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew; no teaching needed

**38. During your last visit, did someone teach your family or friends how to help you use your prosthetic item in a way they could understand?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew; no teaching needed
- ☐ No family or friends involved

**39. Did you get as much information about your prosthetic item as you wanted from your provider?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

**40. Did you spend as much time with your provider as you wanted?**

- ☐ Yes
- ☐ No

**41. Overall, how would you rate the courtesy of your provider?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

**42. Did your provider(s) treat you with respect and dignity?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

### OVERALL QUALITY OF YOUR MOST RECENT PROSTHETICS VISIT

**43. Overall, how would you rate the quality of this visit?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

**44. Was the main reason you came for this visit addressed to your satisfaction?**

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No

### YOUR PROSTHETICS CARE AND SERVICE DURING THE PAST 12 MONTHS

**Now please think about all of the care and service you have received related to your prosthetic item during the past 12 months at a VA clinic, a VA doctor or nurse's office, or in the Prosthetics Service.**

**Remember that the word "provider" can refer to either clinical staff or Prosthetics administrative personnel who assisted you with your prosthetic item.**

**45. Were the providers who cared for you familiar with your prosthetic and medical history?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**46. Were there times when one of your providers did not know about prosthetics-related tests or evaluations you had done or their results?**

- ☐ Yes
- ☐ No
- ☐ No prosthetic tests in the past 12 months

PLEASE CONTINUE

**47. Were there times when one of your providers did not know about changes in your prosthetic prescription or treatment that another provider recommended?**

- ☐ Yes
- ☐ No
- ☐ No changes in the past 12 months

**48. Were there times when you were confused because different providers told you different things?**

- ☐ Yes
- ☐ No

**49. Did you know what the next step in your care would be?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**50. Did you know who to ask when you had questions about your prosthetic care?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't have any questions

**OVERALL QUALITY OF YOUR PROSTHETICS  
CARE AND SERVICE DURING THE PAST 12  
MONTHS**

**51. Overall, how would you rate the quality of the prosthetic care you received from the clinical staff during the past 12 months?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent
- ☐ Did not receive care from **clinical staff** in past 12 months

**52. Overall, how would you rate the quality of the service you received from Prosthetics administrative personnel during the past 12 months?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent
- ☐ Did not receive service from **Prosthetics** administrative personnel during the past 12 months

**Your answers to these last questions will help us better understand the quality of care given to patients with different needs.**

**53. Please check all the prosthetic items that you get from the VA or through the VA.**

- ☐ Eyeglasses
- ☐ Hearing aid
- ☐ Blind aid
- ☐ Wheelchair
- ☐ Artificial limb
- ☐ Other

**54. Of all the prosthetic items that you now use, which one is most important to you.**

- ☐ Eyeglasses
- ☐ Hearing aid
- ☐ Blind aid
- ☐ Wheelchair
- ☐ Artificial limb
- ☐ Other (specify \_\_\_\_\_)

**55. What is the last year of school you have completed?**

- ☐ Did not complete high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ College graduate or beyond

**56. Overall, how would you rate your health?**

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

**PLEASE CONTINUE**

**57. Who helps care for you?**  
*(Please choose all that apply)*

- ☐ Husband or wife
- ☐ Other relative or friend
- ☐ Visiting nurse at home
- ☐ Need help but have no one
- ☐ Staff in an assisted living facility
- ☐ Don't need help

**58. What kind of assistance did you have with this survey? (Please choose all that apply.)**

- ☐ Help reading the questions
- ☐ Help understanding the questions
- ☐ Help remembering what happened
- ☐ Help deciding on an answer
- ☐ Help marking the answers
- ☐ Survey was completed entirely by a spouse, family member or friend
- ☐ No help needed

**59. If you could change one thing about the prosthetic care or service you receive through the VA, what would it be?**

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**Thank you very much for taking the time to complete this questionnaire.  
Please send it to us using the envelope provided.  
The postage has already been paid.**

OMB # 2900-0227